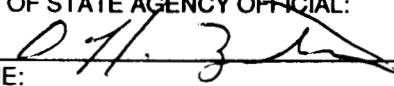
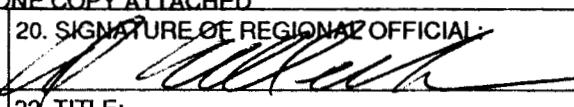


<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		1. TRANSMITTAL NUMBER: <u>0 1 - 0 0 4</u>	2. STATE: North Dakota
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE April 1, 2001	
5. TYPE OF PLAN MATERIAL (Check One): <input checked="" type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Section 1915(g) of Social Security Act		7. FEDERAL BUDGET IMPACT: a. FFY <u>2001</u> \$ <u>194,000</u> b. FFY <u>2002</u> \$ <u>397,000</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Supplement 7 to Attachment 3.1-A, page 1,2,3,4 Supplement 7 to Attachment 3.1-B, page 1,2,3,4 Attachment 4.19-B, page 3a		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  New New Attachment 4.19-B, page 3a	
10. SUBJECT OF AMENDMENT:  Targeted Case Management for Individuals in need of long term care services			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: David J. Zentner Director, Medical Services ND Department of Human Services 600 E Boulevard Ave Dept 325 Bismarck ND 58505	
13. TYPED NAME: David J. Zentner			
14. TITLE: Director, Medical Services			
15. DATE SUBMITTED: April 5, 2001			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: April 10, 2001		18. DATE APPROVED: <u>7-2-01</u>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <u>4-1-01</u> <u>01</u>		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: David R. Selleck		22. TITLE: Acting Associate Regional Administrator	
23. REMARKS:  Postmark: April 5, 2001			

2001 APR 10 A 7:50

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

TARGETED CASE MANAGEMENT FOR INDIVIDUALS IN NEED OF LONG TERM  
CARE SERVICES

A. TARGET GROUP:

In order to receive targeted case management services an individual must:

1. Be Medicaid eligible
2. Be over 65 years of age, or be under 65 years of age and meet Social Security disability criteria
3. Not currently be covered under any other targeted case management system
4. Be considered, as defined by the North Dakota Department of Human Services, to have a need for Long Term Care services
5. Not a recipient of HCBS (1915c Waiver) services.  
Lives in the community and desires to remain there.  
Be ready for discharge from a hospital within 7 days.  
Resides in a basic care facility  
Not reside in a nursing facility unless it is anticipated that a discharge to alternative care within six month

B. AREAS OF STATE IN WHICH SERVICES WILL BE PROVIDED:

Entire State

TN No. 01-004  
Supersedes  
TN No. New

Approval Date: 01/02/01 Effective Date: 04/01/01

C. COMPARABILITY OF SERVICES

Services are not comparable in amount, duration and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. DEFINITION OF SERVICES

Case Management Services are a combination of activities for individuals in need of long term care services to assist them in obtaining needed medical, social and other services that will allow these individuals to remain in the least restrictive environment possible or to assist individuals in making the transition from nursing facility care to alternative long term care services.

1. **Assessment of Needs** – A comprehensive assessment of needs will be completed by using an assessment document prescribed by the Department of Human Services. The assessment will evaluate the needs of each individual and then explore the options available to individuals in need of long term care services, identify the types of services that could meet the needs of the client and determine the cost of each of the alternatives. At least one face to face visit with the client is required during the assessment of needs process and consultation with family or others as requested by the client and/or legal representative.
2. **Care Planning** – After the assessment of needs is completed, the case manager and the client/family work together to develop a plan that is specifically tailored to implement the wishes of the client. It will identify the choices made by the client. It will also identify the services that will be necessary to meet the long term care needs of the client, how those services will be delivered and determine what state or federal programs may be available to the client to offset the cost of those services.

TN No. 01-004  
Supersedes  
TN No. New

Approval Date: 07/02/01 Effective Date: 04/01/01

3. Implementation and Monitoring – This service consists of assisting the client in arranging for the services identified in the plan and developing a supportive relationship with the client to ensure that the client receives the necessary services to remain at home or in a community setting as long as possible. Case managers will also monitor the delivery of services to ensure that clients are receiving appropriate and quality services. Periodic reviews will be conducted to determine if any changes are necessary to ensure that the goals of the care plan are being carried out. The case manager will update the plan if the review indicates changes are necessary so those clients remain in the least restrictive setting possible

E. QUALIFICATIONS OF CASE MANAGEMENT PROVIDERS

In order to ensure that care is properly coordinated, targeted case management services must be delivered by public agencies that have sufficient knowledge and experience relating to the availability of alternative long term care services for elderly and disabled persons.

Individual case managers must at a minimum have a bachelor's degree in Social Work, hold a North Dakota social work license and must have at least one-year experience in providing case management related services to elderly and disabled persons or must be supervised by a licensed social worker with at least three years experience in providing services to elderly and disabled persons.

F. ASSURANCES

The state assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible recipients will have free choice of the providers of case management services
2. Eligible recipients will have free choice of providers of other medical care under the plan.

TN No. 01-004  
Supersedes  
TN No. New

Approval Date: 07/02/01 Effective Date: 04/01/01

G. PAYMENT

Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

01-004

07/02/01

04/01/01

NEW

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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TN No. 01-004  
Supersedes  
TN No. New

Approval Date: 07/02/01 Effective Date: 04/01/01

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Approval Date: 07/02/01 Effective Date: 04/01/01



G. PAYMENT

Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

01-004  
07/02/01  
04/01/01  
NEW

26. For diagnostic, screening, preventive and rehabilitative services, Medicaid will pay the lower of actual billed charges or the maximum allowable fee established by the state agency.
27. Emergency hospital services - For outpatient services if the hospital is Medicare eligible, payment would be based on the procedure outlined in paragraph 1 in Attachment 4.19-B. If the hospital does not participate in Medicare, payment will be made at 80% of billed charges.

For inpatient services if the hospital is enrolled in a state Medicaid program, payment will be made in accordance with the method used by that state to reimburse for the service provided. If the hospital does not participate in the Medicaid program in the state where the facility is located, payment will be made at 80% of billed charges.

28. For Targeted Case Management Services for Pregnant Women and Infants, traumatic brain injury individuals, children in alternative care, children receiving child protective services, and pre and post adoption children, and individuals in need of long term care services, payment will be based on the lower of the providers actual billed charge or the fee schedule established in 15 minute units of service by the state.
29. Indian Health Service facilities or 638 Tribal facilities will be paid the encounter rate established by the Health Care Financing Administration which is published periodically in the Federal Register for established services provided in a facility that would ordinarily be covered services through the North Dakota Medicaid Program. The following services are covered by the all-inclusive rate:

Outpatient  
Pharmacy  
Vision  
Dental

Mental Health (Psychiatrist/Psychologist)  
EPSDT  
Telemedicine-Clinic/Physician  
Telemedicine-Mental Health Services